

Aristotle Associates

Contractual Agreement

I, _____, in order to hire Aristotle Associates, a private tutoring company based in San Francisco, agree to the following conditions:

1. I authorize my child or children, _____, to schedule appointments directly with the tutors employed by Aristotle Associates, without getting my consent ahead of time. I accept full financial responsibility for such appointments.
2. I authorize tutors to stay beyond the scheduled time if they deem it necessary for the student's benefit. I understand that if I want tutors to leave at the conclusion of the scheduled time, that I must, according to this agreement, send an email to the tutor and to Aristotle Associates (at learn@aristotleassociates.com) to specify that. If I do not, then tutors have my permission to stay beyond the scheduled time to help my child.
3. I also understand that I may cancel appointments. I agree to provide at least 24 hours notice if I wish to cancel an appointment.
4. I agree to pay for all appointments scheduled with Aristotle Associates' tutors, whether by me or my child, unless they are cancelled at least 24 hours before the start time. If an appointment is not cancelled within 24 hours of its start time, I understand that I will be responsible for paying the same amount that would have been due if the appointment had taken place, for the full scheduled time at the agreed upon rate.
5. I agree to pay \$90 per hour of academic tutoring provided and \$105 per hour of standardized test preparation provided by one of Aristotle Associates' tutors who is not David Bossart. I agree to pay \$120 per hour of academic tutoring and standardized test preparation provided by David Bossart himself. I understand that the minimum duration for an appointment is one hour, and that if I end an appointment before the scheduled time is up, that I will be responsible for paying for the full amount of time, as if the appointment had not ended early.
6. For SAT preparation, I agree to pay \$20 for the College Board book and \$10 for *Hot Words for the SAT*.
7. For ACT preparation, I agree to pay \$25 for "The Real ACT Prep Guide."
8. If I live outside of San Francisco or Daly City, then I agree to pay a fee for the travel time required to come to my home or other designated location. The fee will be either 15 or 30 minutes of time per appointment, at the same rate as the tutoring time (either 90, 105, or 120 per hour). I understand that the travel fee will be based on 30 minutes of time when the tutor comes to my area only to see my child, and that if the tutor will

meet with another student(s) in my area on the same day, then the travel fee will be based on 15 minutes for the appointment.

9. I understand that my child or children might not be able to work with the requested tutor(s) at the preferred time(s), as submitted in my "Tutoring Request Form." I acknowledge that Aristotle Associates will do its best to accommodate my scheduling needs and I agree to work with any tutor that it sends at least once, as a trial.

10. I understand that I am not obligated to work with Aristotle Associates for any specified number of appointments. I am free to discontinue tutoring at any point.

11. All payments due to Aristotle Associates will be made either via credit card on a monthly basis or by check or cash on a weekly basis. I choose the following method:

(circle one): Credit card (monthly) Check (weekly) Cash (weekly)

12. If I will make payments via credit card, I agree:

a. to pay a service charge, calculated as 3% of any charges, in addition to the charges for services rendered and materials provided, to help offset the fee associated with processing payments by credit card.

b. to provide my credit card information (either a Visa, MasterCard, or Discover card) to Aristotle Associates so that it may process my payment for services rendered and materials provided.

c. that Aristotle Associates has my express permission to process payments concurrent with the issuance of an invoice and **before** I have reviewed the invoice.

d. that if the information provided on the "Credit Card Authorization Form" does not allow for payment to be processed, either because the information itself is incorrect (the card number etc.) or because there is insufficient credit available, that tutoring will immediately be interrupted until the information for a functional card is provided.

13. I understand that Aristotle Associates has devoted time and resources to recruiting, training, and otherwise preparing its tutors to be effective in their profession, and as such, I agree that I will not work independently with (1) any tutor currently working with Aristotle Associates; or (2) any tutor that has worked with Aristotle Associates within the previous (2) two years. I will not solicit tutors to work for me and my child independently of Aristotle Associates, nor will I accept offers from tutors to work with any tutor independent of Aristotle Associates. I will notify Aristotle Associates if I am

approached by any Aristotle Associates tutor and solicited to work independently of this agreement.

14. I agree to follow these steps to begin the tutoring process:

a. Print this Contractual Agreement, fill in the necessary information, sign and date it. Then I will either scan and email it to learn@aristotleassociates.com or fax it to 415-520-5148.

b. Submit the Tutoring Request Form, in one of the following ways: i. Electronically: using Microsoft Word to complete the form and emailing it to learn@aristotleassociates.com (this is preferable) ii. By Hand: printing the form and filling it in by hand. Then I will either scan and email the form to learn@aristotleassociates.com or fax it to 415-520-5148 NOTE: If you are requesting tutoring for more than one child, please complete the Tutoring Request Form for each individual.

c. If paying by credit card, I will print the Credit Card Authorization Form, fill in the necessary information, sign and date it. Then I will mail the hard copy to Aristotle Associates, PO Box 590187, San Francisco, CA 94159 (because emailing or faxing this information poses a security risk).

15. I understand that tutoring will not begin until with my child or children until I have successfully submitted all of the required information, as described in the previous paragraph.

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| _____ Signature | _____ Date |
| _____ Printed Name | |
| _____ Address | _____ Apt. Number (if any) |
| _____ City | _____ ZIP Code |